

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jasper
Township McDonald
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 419 File No. 19377
Primary Registration District No. 5573 Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Nancy Ellen Fagg

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE OR DIVORCED _____ MARRIED married
(#rite the word)

DATE OF BIRTH Dec. 18, 1846
(Month) (Day) (Year)

AGE 70 yrs. 1 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer) 72

BIRTHPLACE (City or town, State or foreign country) Alabama

PARENTS
NAME OF FATHER William Fagg
BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama
MAIDEN NAME OF MOTHER Ann Sublett
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Fagg
(ADDRESS) Avilla Mo.

Filed Jan 31, 1916 A. X. Cordonnier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 29, 1916, to Jan 30, 1916, that I last saw her alive on Jan 30, 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:
Lagripps Complicating Chronic Cardiac disease - mitral insufficiency.
(Duration) 10 yrs. six mos. weeks ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. X. Cordonnier M. D.
1/30, 1916 (Address) Avilla

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Avilla Cem. DATE OF BURIAL Feb 1, 1916

UNDERTAKER Mell Mnd. Co ADDRESS Carthage Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

